

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-377(2-08-06)	ADDENDUM TO ORDER FOR TOTAL DISABILITY	CASE NO'S.: VICINAGE:
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Case Name:	Petitioner's Social Security Number:
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☐ Petitioner is in receipt of a government ordinary disability retirement pension. The date of retirement was _____. The initial retirement benefit was \$ _____ per month. The pension portion of the retirement benefit was \$ _____ per month. The annuity portion of the retirement benefit was \$ _____ per month. The respondent and/or the Second Injury Fund is/are entitled to an offset for this benefit. Based upon the last compensable injury and the reasons for the ordinary disability retirement, the offset shall be _____ % of the pension portion of the retirement benefit, or \$ _____ per week resulting in a weekly rate of \$ _____.

☐ Other:

_____	_____
JUDGE OF COMPENSATION	DATE
<p>WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:</p>	
_____	_____
PETITIONER'S ATTORNEY	RESPONDENT'S ATTORNEY
_____	_____
PETITIONER (where applicable)	DEPUTY ATTORNEY GENERAL